

MHN

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Dennis Earl Plummer

RECEIVED

JUL 9 2008 *lcw*
Jul 9 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Ca
(To

08CV3905
JUDGE PALLMEYER
MAG. JUDGE MASON

COUNTY OF COOK, ILLINOIS

THOMAS DART

CERMAK HEALTH SERVICES

CA TOURE

ANN DUNLAP

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: DENNIS EARL PLUMMERB. List all aliases: N/AC. Prisoner identification number: 2007 000 2702D. Place of present confinement: COOK COUNTY DEPARTMENT OF CORRECTIONSE. Address: 2 2600 California Ave, Chicago Illinois 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confine, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for four additional defendants is provided in B ^{through} E.)

A. Defendant: COUNTY OF COOK, ILLINOIS, and THOMAS DART, in his individualTitle: and official capacities as Sheriff of Cook County IllinoisPlace of Employment: Cook County Department of CorrectionsB. Defendant: CERMAK HEALTH SERVICES, in its individual and officialTitle: Capacities as Hospital for DetaineesPlace of Employment: Cook County Department of CorrectionsC. Defendant: CA TOBRE, in her individual and official capacities asTitle: Medical Director of CerMAK Health ServicesPlace of Employment: Cook County Department of CorrectionsD. Defendant: ANN DUNLAP, in her individual and official capacities asTitle: Head doctor of The DuBem 10 DispensaryPlace of Employment: Cook County Department of Corrections

E. Defendant: _____

Title: _____

Place of Employment: _____

(If you have more than these defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

1. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: DENNIS EARL PLUMMER, VS
OFFICER HOUSTON, OFFICER PERTEET, and OFFICER Urvandice Case # 1:07CV-03258

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None

D. List all defendants: OFFICER HOUSTON, OFFICER PERTEET, and OFFICER Urvandice

E. Court in which the Lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. STATE COURT HOUSE, DISTRICT FOR THE NORTHERN DISTRICT OF IL.

F. Name of judge to whom case was assigned _____

G. Basic claim made _____

H. Disposition of this case (for example: was the case dismissed? was it appealed? Is it still pending?): _____

I. Approximate date of disposition: Still Pending.

A. Name of case and docket number DENNIS EARL PLUMMER, VS-
Case #: 1:07-CV-03800

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiff), including any aliases: _____

D. List all defendants: _____

E. Court in which the Lawsuit was filed (if federal court, name the district; if state court, name the county):
U.S. STATE COURT HOUSE, DISTRICT FOR THE NORTHERN DISTRICT OF ILLINOIS

F. _____

G. Name of judge to whom case was assigned: _____

H. Basic claim made _____

I. Disposition of this case (for example: was the case dismissed? was it appealed? Is it still pending?): _____

J. Approximate date of disposition: Still Pending

Statement of Claim:

State here as briefly as possible the fact of your case. Describe how each defendant is involved, including names, date and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was hit by an automobile around the end of 2006 that injured my left leg and I was transported to St. Bernard Hospital, there I was seen by a bone specialist and had X rays. The doctor determined that the plaintiff's leg was fractured and put a brace on it. Unfortunately, on January 9, 2007 I was arrested and subsequently transported to the Cook County Dept. of Corrections; upon arrival to receiving I was screened and due to my physical and mental state I was placed in division eight (8) R.I.U. Medical facility. I made the Medical Staff aware of my mental and physical injuries. I also stipulated that I was in severe pain and that I had left my leg brace at home and without it I have difficulty walking and getting up out of the bed. I also requested to see a leg specialist and to be provided with a leg brace. Shortly after that I was seen in the division eight (8) R.I.U. dispensary. There I spoke to an African American doctor and explained my conditions to him and was sent to have X rays. A few weeks later I was sent back to division eight (8) R.I.U. dispensary. There I spoke to a Caucasian doctor, and he said that he has viewed my leg X rays, and determined that nothing was wrong with my leg. Thus I insisted that I had been having trouble with my leg every since my accident and has experienced severe pain keeping me awake at night and that it was quite urgent for me to receive further treatment, and to be provided with a leg brace. Considering my present circumstances I have not been able to follow up with my physician in the free world who had properly addressed my medical issue, and through his observation he then determined that I needed a leg brace to support my fractured leg, in order to prevent any further damage to my leg, which was caused from a recent automobile accident. Despite my plead the Caucasian doctor denied any further medical treatment and said he would see me on a later date.

I take 4 to 5 different type of medications on the daily basis for my mental and physical illnesses. For example Paxil 20 mg, high blood pressure medicine, kidney medicine, and Siliquan.

I need these medications on the daily basic to help me to function proper. I was transferred to division 10 around a Month later. Upon arrival I Submitted Several medical request forms. I was seen in division 10 dispensary shortly after. There I Spoke to Dr. Dunlap. I explained to Mrs. Dunlap, about my medical problems, and about the prior incident that had resulted into me having to wear a leg brace due to a fractured leg bone. Then I requested to see a leg specialist and to be giving a leg brace. Dr. Dunlap, looked at my leg and said ^{there} nothing wrong with you. I also stated that was experiencing severe pain and lost of sleep at nights. I asked her to give me some medicine for my pain. She said I have a kidney ^{problem}, and that people with kidney problems can not take pain medications. She denied the pain medication and told me to leave her office.

A few weeks later I was transferred to division (1) for no reason at all. Division (1) is a none medical facility so the nurse hardly every come to the tier. I spoke to several officials pertaining to my medical issues and requesting to see a doctor, and to be transferring to a medical facility to get adequate medical attention. Thus no adequate response. A couple of weeks passed and without medications I passed out in my cell. A paramedic came to my cell. When I awaked I noticed a paramedic on his knees with his hands around my nake. I asked the guy what is going on? He said you conked out. Shortly after I was transferred back to the division (10) There I put in several medical request forms and finally I was called to the division (10) dispensary. There, I Spoke to Dr. Dunlap, I explained to her that I haven't been getting my daily medications, due to being in a none medical facility. I also stipulated that I was still having severe leg pain, difficulty walking and sleeping at night. She said too bad there's nothing I can do for you. I said you can send me to see a leg specialist and ordered me a walking cane in the means while until i can see a specialist, she denied my request, and asked me to leave her office.

From January/08 through May 08 I was seen in the divison(10) dispensary on numerous occasions. Usually I spoke to Dr Dunlap. On every occasions I told her about the severe pain that I was experiencing and requested a leg brace, walking cane, and to see a leg specialist. On every occasions she denied me medical attention. For example, On May 7/08 I spoke to Mrs. Dunlap about scheduling me to see a leg specialist and to provided me with a walking cane. She denied me treatment and asked me to leave her office.

On May 9/08 I was on the route to the Court house, and my left leg gave out on me and I collapsed. The transporting officer called for a Mobile cart and I was carried the rest of the way.

On May 17, 08 I was in my cell standing up talking to my cellmate when my leg gave out on me and I collapsed which resulted into me bumped my head against the wall knocking me unconscious. My cell mate called for the officer. The officer called for his supervisor, and the supervisor called for the nursing staff. And I was taken to the divison 10^{dispensary} in a wheelchair. There I spoke to Nurse Ferguson and he denied me medical attention, said there was nothing wrong with me. The Cook County Administration have been negligent in providing me with adequate treatment for my condition. I have spoken to numerous medical staff, officials, I've submitted numerous medical request forms, filed numerous grievances & appeals and written letters to difference organizations and agencies seeking help. I have included these documents along with my complaint to be entered as exhibit A - B & C. Control #: (2008 X 0905) (2008 X 0905) (2008 X 0438) (2008 X 0904) Request Program Services (5-6-08) I have other grievances & appeals that was lost in my property.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PRAYER FOR RELIEF

WHEREFORE, PLAINTIFF Dennis EARL PLUMMER, respectfully requests that this Court award the following relief:

(A) A declaratory judgment finding that Defendants' practice, policy, or custom of delaying and denying pretrial detainees access to adequate medical care has resulted in deliberate indifference to the plaintiff's serious medical needs, in violation of his Constitutional right to due process under the fourteenth Amendment; An injunction requiring Defendants to provide plaintiff with adequate medical treatment for his serious medical needs, including but not limited to replacement of his (brachial) and appropriate medical treatment for his illness. To Sue the County of Cook, Thomas Dart, Cermak Health Services, Ca Tolu, and Ann Dunlap, in their individual and official capacities. To find all the above defendants liable for damages
1) Compensatory damages for the amount of 150,000 2) Punitive damages for the amount 100,000, and nominal damages for the amount of 1,000, Court costs, & Lawyer costs, and Filing fees - Demanded jury by Trial.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26 day of May, 2008

 (Signature of plaintiff or plaintiffs)

 (Print name)

DENNIS EARL PLUMMER

 (I.D. Number)

2008 000 2702

Division 10 1-A Teir. Post Office Box 089002

CHICAGO Illinois 60608

 (Address)

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Plummer First Name: Dennis ID#: 2007-100762Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee being kept in medical attention.C.R.W. Referred Griev. To: Carmak Date Referred: 3/10/08Response Statement: Referred to Medical Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 3/12/08 Div./Dept. CHS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 3/14/08 Div./Dept. 10

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 3/12/08Date Detainee Received Response: 3/14/08 Detainee Signature: Dennis Earl Plummer**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 3/17/08Detainee's Basis For An Appeal: I never receive my brace for my leg, I am in serious pain, Dr. Dunlap, denied me for my brace. Please get me to Carmak to get a brace for my leg and a walking cane.Appeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

If this issue has not been addressed yet, please arrange medical care ASAP

Appeal Board's Signatures / Dates:

J. J. [Signature] 5/13/08J. M. [Signature] 7/13/08Date Detainee Rec'd the Appl. Bd.'s Response: May 16, 2008 Dennis Earl Plummer

GRIEVANCE CODE(S): () () () ()

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

**DETAINEE
COPY**

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Phuong First Name: Diana ID#: 267-002762Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee signed in for medical attention.C.R.W. Referred Griev. To: Cook Date Referred: 03/10/08Response Statement: Referral to Medical Services(print - name of individual responding to this griev.) (signature of individual responding to this griev.) Date: 3/12/08 Div./Dept. CHS(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.) Date: 3/14/08 Div./Dept. 10(print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.) Date: 3/10/08Date Detainee Received Response: 3/11/08 Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 3/17/08Detainee's Basis For An Appeal: I never receive my brace for my leg. I am in serious pain. Dr. Dunlap denied me for my brace. Please get me to Carmack to get a brace for my leg and a walking cane.Appeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: / / Detainee Signature:

GRIEVANCE CODE(S): () () () ()

Part-A / Control #: XReferred To: PROG. SERVICES☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: PLUMMERFirst Name: Dennis EarlID #: 2007-000502 Div.: 10 Living Unit: 2-C Date: 5/6/08BRIEF SUMMARY OF THE COMPLAINT: Request of Medical Attention

ON NUMEROUS OCCASIONS I've reported to
the doctor my complaint of pain in my
left leg due to nerve damage
I've informed her I had a brace on
left leg & she refuses to give a cane
or a brace because she says there's nothing
wrong with my leg I can not take pain
pills due to kidney problems so she
just leaves me to suffer
Please Help I'm tired of Medical Attention

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Dennis Earl PlummerC.R.W.'S SIGNATURE: [Signature]DATE C.R.W. RECEIVED: 6/10/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
 All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE PROCESSED AS A REQUEST

* Please note: When processed as a request, PART - B is not applicable. *

Detainee's Last Name: P. [unclear] First Name: D. [unclear]

ID#: 2-7-01762 Div: 10 Tier/Living Unit: C-2

Date of Request: 7/15/08 Date C.R.W. Received Request: 7/14/08

This Request has been processed by: [unclear] C.R.W.

Summary of Request:

[unclear]
[unclear]
[unclear]
[unclear]

Response and/or Action Taken:

[unclear]
[unclear]
[unclear]
[unclear]
[unclear]

(Print- name of individual responding)

(Signature of individual responding)

Date: 7/14/08 Div./Dept. 10

Part-A / Control #: 2008 X 0005Referred To: Carrick☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: PLUMMER First Name: Dennis EarlID #: 2007-0002702 Div.: 1-0 Living Unit: 2-L Date: 5 / 10 / 08BRIEF SUMMARY OF THE COMPLAINT: On 5/10/08 I wasTo visit my father who was in the hospitaland I was told that I had to wait for 2 hoursto see my father. The staff told me thatmy father was not in the hospital and thatthey were going to take me to the hospitalto see my father. I was told that I had towait for 2 hours and that I had to wait for2 hours and that I had to wait for 2 hoursand that I had to wait for 2 hours and thatI had to wait for 2 hours and that I had towait for 2 hours and that I had to wait forNAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: ACTION THAT YOU ARE REQUESTING: TO be properly attend to my fatherDETAINEE SIGNATURE: Dennis Earl PlummerC.R.W.'S SIGNATURE: DATE C.R.W. RECEIVED: 5 / 10 / 08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control # 2008 X 0764Referred To: C. Cook☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Plummer First Name: DennisID #: 2007-0002702 Div.: 10 Living Unit: 2C Date: 5/12/08

BRIEF SUMMARY OF THE COMPLAINT: This is pertaining to my
Psyche Medication, I AM A detainee here in
Division 10 Mental health tier 2-C Which
Means that I AM A psychiatric patient that
takes ~~three~~ four different medications 2
being psyche and 2 being for medical. That
needs these medication as scheduled to take
them by my psychiatrist, but on 5/12/08 near
any other patients on tier 2C received (AM)
Morning Medication due to the fact that staff
said there wasn't a nurse here to pass out our
medication. That is no excuse for this action it is
mandatory that psyche patients take medication as
scheduled by their psychiatrist in a timely manner

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Brian Bushman 2007-0002702
 ACTION THAT YOU ARE REQUESTING:

for staff (nurse) to be disciplined for lack of duty
and not upholding job title.

DETAINEE SIGNATURE: Dennis Earl Plummer

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: 5/12/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
 All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Plummer First Name: Dennis ID#: 2007-6002702Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Dennis alleges that he is beingC.R.W. Referred Griev. To: Camp Date Referred: 05/15/08Response Statement: Referred to Division of Probation & Parole Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 5/16/08 Div./Dept. CJ

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 5/16/08 Div./Dept.

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 5/16/08Date Detainee Received Response: 1/1/08 Detainee Signature: Dennis Earl Plummer**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 1/1/08Detainee's Basis For An Appeal: DIDNT get relief I was
looking forAppeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Per CHS Admin., detainee was examined on 5/15/08 with negative findings. Followup appt. given. No need at present to see a specialist.

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: 6/15/08 Detainee Signature: Dennis Earl Plummer

GRIEVANCE CODE(S): () () () ()

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Pho First Name: Dennis ID#: 2007-002762Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee was not receiving hisC.R.W. Referred Griev. To: Comptroller Date Referred: 05/15/08Response Statement: Detainee is not receiving his(print - name of individual responding to this griev.) C. Smith (signature of individual responding to this griev.) [Signature] Date: 5/16/08 Div./Dept. CHS(print - name of Supt. / Designee / Dept. Admin.) LTCM / [Signature] (signature of Supt. / Designee / Dept. Admin.) [Signature] Date: 5/16/08 Div./Dept. CHS(print - name of Prog. Serv. Admin. / Asst. Admin.) [Signature] (signature of Prog. Serv. Admin. / Asst. Admin.) [Signature] Date: 5/16/08Date Detainee Received Response: 5/16/08 Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 5/16/08Detainee's Basis For An Appeal: Did not get relieflooking forAppeal Board's Acceptance Of Detainee's Request: YES ☒ [Signature]

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

CHS Please address/review this matter with detainee.

Appeal Board's Signatures / Dates: [Signature] [Signature]Date Detainee Rec.'d the Appl. Bd.'s Response: 5/16/08 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()